

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NRCC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee <b>ONMESSAGE INC</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>	
Mailing Address 705 MELVIN DR STE 105			Amount <table border="1" style="display:inline-table; margin:0 5px;">23629.01</table>	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE24-0.082026 Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">26</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>	
Purpose of Expenditure MEDIA		Category/ Type		
Name of Federal Candidate WALLACE, SCOTT, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">3189337.14</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>DEL RAY MEDIA LLC</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>	
Mailing Address 1427 LESLIE AVE			Amount <table border="1" style="display:inline-table; margin:0 5px;">553895.00</table>	
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : SE24-0.082017 Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">26</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>	
Purpose of Expenditure MEDIA		Category/ Type		
Name of Federal Candidate JONES, GINA, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">2137963.59</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">577524.01</table>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Davis, Keith, A., ,

[Electronically Filed]

Date

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Signature